

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>g.a.</i>		<i>12/3/98</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>48</i>	<i>12/20/99</i>
<b>FORMALITY REVIEW</b>	<i>DW</i>	<i>72346</i>	<i>1-8-00</i>
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date	
Final		
Original		
1	<i>7/1/98</i>	<i>3/14/99</i>
2	✓	
3	✓	
4	✓	
5	✓	
6	✓	
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If more than 150 claims or 10 actions  
staple additional sheet here

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